



British Skydiving
 5 Wharf Way, Glen Parva
 Leicester, LE2 9TF
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britishskydiving.org

JUMP PILOT FLYING TIME AWARDS APPLICATION

Name of Applicant _____

Address _____

_____ Post Code _____

British Skydiving Membership Number (if applicable) _____ British Skydiving Pilot Number _____

* Hours Jump Flying 1,000 hours 2,000 hours 3,000 hours 4,000 hours 5,000 hours

Other: every 1,000 hours: _____

* (Please tick appropriate box, or state number of jump flying hours (multiples of 1,000 hours).)

List below which award being applied for, giving details and location.
 List each award separately if applying for more than one.

AWARD	DATE	LOCATION

TO BE COMPLETED BY BRITISH SKYDIVING CHIEF PILOT OR CHIEF INSTRUCTOR

I certify that the information supplied above is current and the applicant is eligible for the award(s) applied for.

CP/CI NAME (PRINT) _____ British Skydiving Membership Number _____

Signed _____ British Skydiving Licence or Pilot Number _____

The Award(s) applied for are to be: *Sent by Post/*Presented at the British Skydiving AGM/EXPO.

*Delete as applicable

(THERE IS NO CHARGE FOR ANY OF THE AWARDS)

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